

## INFORMATION AND INSTRUCTIONS FOR EXECUTOR/ADMINISTRATOR

A letter of instructions affords a means of organizing information for the executor or administrator of your estate and for your heirs that will ease putting your intentions as expressed in your will into effect. This letter is not a substitute for a will. It must not be used to change the dispositions in your will. If you wish to change how your assets will be distributed on your death, you should seek legal assistance to prepare and execute a new will. The letter of instructions merely eases the administration of the estate and disposition of your assets by putting important information in a single, easily accessible place. The letter need not be executed. You may alter this form as necessary to convey appropriate information to your executor/administrator and heirs. You may also change the information contained in this document as circumstances dictate. In that event, you must destroy previous versions to prevent confusion after your death.

### PERSONAL AND FAMILY HISTORY

Your Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

State of Legal Residence (if different from address state): \_\_\_\_\_

**Note: If you are unsure which state is your legal residence or otherwise have questions concerning legal residency, please consult a legal assistance attorney.**

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Occupation: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Period of Service: \_\_\_\_\_

Location of Copies of Military Records: \_\_\_\_\_

\_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_

Address (if different from yours): \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

**Information on Children:**

Full Name and Date of Birth: \_\_\_\_\_

Address (if different from yours): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Full Name and Date of Birth: \_\_\_\_\_

Address (if different from yours): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Full Name and Date of Birth: \_\_\_\_\_

Address (if different from yours): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Full Name and Date of Birth: \_\_\_\_\_

Address (if different from yours): \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Information on Grandchildren:**

Full Name (s) and Date(s) of Birth: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Information on Brothers/Sisters:**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## KEY CONTACTS

### Physician

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Specialist

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Dentist

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Other Care Provider

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Other Care Provider

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Attorney**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Accountant**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Financial Advisor/Planner**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Tax Preparer**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Other**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## IMPORTANT PERSONAL PAPERS

Please provide the location where you store the important personal papers listed below.

**Will:** \_\_\_\_\_

**Durable Power of Attorney:** \_\_\_\_\_

**Special Powers of Attorney:** \_\_\_\_\_

\_\_\_\_\_

**Health Care Power of Attorney:** \_\_\_\_\_

**Living Will:** \_\_\_\_\_

**Birth Certificate:** \_\_\_\_\_

**Marriage Certificate:** \_\_\_\_\_

**Social Security Card:** \_\_\_\_\_

**Property Deeds:** \_\_\_\_\_

\_\_\_\_\_

**Mortgage Documents:** \_\_\_\_\_

\_\_\_\_\_

**Income Tax Returns:** \_\_\_\_\_

\_\_\_\_\_

**Bank Account Records (identify type of account and location of records):**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Outstanding Loans Other Than Mortgages (identify type of loan and location of records):**

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**Loans You've Co-signed or Guaranteed (identify type of loan and location of records):**

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**Obligations Owed to You (identify by debtor, type of obligation, location of records):**

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**Trust Documents On Which You Are Beneficiary:**

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**Trust Documents On Which You Are Trustee:**

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## **CREDIT CARDS**

Type of Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (obtain from billing statement): \_\_\_\_\_

Type of Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (obtain from billing statement): \_\_\_\_\_

Type of Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (obtain from billing statement): \_\_\_\_\_

Type of Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (obtain from billing statement): \_\_\_\_\_



## **LIFE INSURANCE POLICIES**

### **Life Insurance**

Location of Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Additional Life Insurance**

Location of Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Additional Life Insurance**

Location of Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## HEALTH AND DISABILITY INSURANCE POLICIES

### Health Insurance

Location of Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Disability Insurance

Location of Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Long-Term Care Insurance

Location of Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## **OTHER INSURANCE POLICIES**

### **Homeowners' or Renters' Insurance**

Location of Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Auto Insurance**

Location of Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Other Insurance Coverage**

Location of Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## INVESTMENTS

### Stocks

Location of Records: \_\_\_\_\_

Companies: \_\_\_\_\_

Investment Firm: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Mutual Funds

Location of Records: \_\_\_\_\_

Type of Fund: \_\_\_\_\_

Investment Firm: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Bonds

Location of Records: \_\_\_\_\_

Type of Bonds: \_\_\_\_\_

Investment Firm: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**IRAs**

Location of Records: \_\_\_\_\_

Account Numbers: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Annuities**

Location of Records: \_\_\_\_\_

Type of Annuity: \_\_\_\_\_

Investment Firm: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Certificates of Deposit**

Location of Records: \_\_\_\_\_

Account Numbers: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## LOCATION OF OTHER IMPORTANT ITEMS

Please provide the location for each of the items listed below.

### Safe Deposit Box

Location of Box (by name of institution and address):

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Account Number (if applicable): 

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Persons Authorized Access (provide full names, addresses, phone numbers):

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Location of Key to Box: 

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### Post Office Box

Location of Box: 

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Location of Key or List Combination: 

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### File Cabinets Storing Personal Papers

Location (list the room and address):

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### Other Storage Places

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## SPECIFIC INSTRUCTIONS TO EXECUTOR

**1) Contact the local offices of the Social Security Administration and the Department of Veterans Affairs to determine any and all benefits to which I and my heirs are entitled.**

**2) Contact my service's Military Personnel Center and Mortuary Affairs Office to determine any and all benefits to which I and my heirs are entitled. Call the base operator for the nearest military installation and obtain the number for that installation's Personnel Office. That office should provide contact information to the appropriate Personnel Center and Mortuary Affairs Office.**

**3) NOTIFICATIONS.** I request the following persons be notified of my death (please list full name, address, and telephone number for each):

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**4) ANNOUNCEMENTS.** I request publication of my obituary in the following newspapers:

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## FUNERAL ARRANGEMENTS

**1) I have / have not prepaid the costs of my funeral, casket, and/or burial.**

If I have, the relevant documents are located (cite place to find the records)

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**2) I do / do not wish to be cremated.**

**3) I request the following funeral home or mortuary handle my arrangements:**

- Name: \_\_\_\_\_

- Address: \_\_\_\_\_

- Phone: \_\_\_\_\_

**4) I do / do not wish to have a religious service. If I do wish a service, please note the following information:**

- Name of Religious Institution: \_\_\_\_\_

- Address: \_\_\_\_\_

- Phone: \_\_\_\_\_

- Name of Person to Perform Service: \_\_\_\_\_

- Address (if different from institution):

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- Phone (if different from institution): \_\_\_\_\_

**5) If I have a religious service, I request the following persons be asked to serve as pallbearers (list name, address, phone number for each):**

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**6) I do / do not wish a graveside service.**

**7) I request the following inscription be engraved on my memorial stone or plaque:**

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**IMPORTANT!!!**

**This document contains a wealth of personal and financial information. Only provide a copy, or directions on how to access this document on your death, to the executor or administrator you've named in your will. Since you have entrusted that person with the responsibility to manage your estate and distribute your assets upon your death, you should be able to trust him or her with the information this document contains. If you have a concern about the trustworthiness of this person, designation of a different executor or administrator is essential.**